



# INDIAN HEALTH SERVICE



**2022**  
**YEAR IN REVIEW**





## A message from the Indian Health Service Director

**We are pleased to present to you the 2022 Indian Health Service Year in Review.** This review is a reflection of the progress and achievements we have made across the agency.

2022 was a year of collaboration, partnerships, advancements and important investments. Through our collective work with tribes and tribal and urban Indian organizations, we have expanded access to health care, supported Indian-owned businesses and sought tribal consultation and urban confer on important issues affecting tribal communities. At the same time, we have strongly invested in public health preparedness, infrastructure improvement and disease prevention. Additionally, the agency secured advance appropriations for the first time through the [Consolidated Appropriations Act, 2023](#). This accomplishment is a direct result of years of advocacy from partners who have long highlighted the need for a more stable and predictable funding stream for the IHS. This report showcases that work. We are proud of our results.

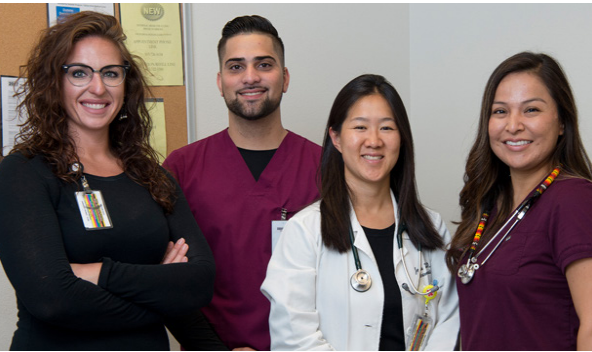
At IHS, the focus will always be to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. As we enter 2023, there is more work to do. We are committed to building on our successes. Backed by an extraordinary group of employees across the agency, I am confident in our abilities to improve the quality of patient care throughout the Indian health system. Thank you to our IHS team, our tribal and urban Indian partners, and advocates who work to ensure the health care needs of American Indians and Alaska Natives are met.

**Director Roselyn Tso**  
Indian Health Service



## The Indian Health Service in Numbers

- IHS services are administered through a system of **12** area offices and **170 IHS and tribally-managed** health care service units.
- The IHS enters into contracts and grants with **41 Urban Indian Organizations**.



### The IHS serves:

- Members of **574** federally recognized tribes in **37** states.
- **2.7 million** American Indians and Alaska Natives

### IHS budget appropriation:

- Fiscal Year 2022 **\$6.6 billion**
- Fiscal year 2023 **\$7 billion**, which is \$327 million, or 5%, above the enacted FY 2022 funding level.

21

IHS Hospitals

53

IHS Health Centers

25

IHS Health Stations

22

Tribal Hospitals

330

Tribal Health Centers

76

Tribal Health Stations



“As both an IHS patient and employee, I have the experience of being a part of the team that provides this vital service to our patients and communities, as well as a beneficiary of this service and care. Thank you to all the employees of the IHS for the work you do.” —*Joe Amiotte, Acting Director, IHS Great Plains Area*



## Encouraging and Supporting Vaccinations and Access to Treatments

The IHS announced the [IHS E3 Vaccine Strategy](#) as a critical public health prevention priority in our vulnerable service population. IHS advocates recommending vaccines to our patients. E3 focuses on **1)** Every patient at **2)** Every encounter should be offered **3)** Every recommended vaccine [when appropriate](#).



The [Test to Treat](#) initiative assists people with quick access to lifesaving treatments. It started with 34 pilot sites and since expanded to 223 sites in 2022.

We ensured the inclusion of urban Indian organizations in the agency's promotion and administration of vaccines in urban Indian communities. To date, \$480 million of COVID-19 funding has been allocated to UIOs, and in September, the IHS announced that an additional \$2.4 million of Coronavirus Response and Relief Supplemental Appropriations Act funding would be dispersed to UIOs.

The IHS provided Tribal Epidemiology Centers \$33.8 million in total funding, including \$6 million for COVID vaccine outreach to promote vaccine coverage/uptake/reporting among American Indian and Alaska Native communities.

In August 2022, IHS received an initial allocation of the [Jynneos](#) vaccine to prevent mpox and the oral medication tecovirimat (or [TPOXX](#)) for outpatient treatment of mpox virus infections. The IHS [National Supply Service Center](#) is working diligently to distribute these countermeasures to federal, tribal and urban Indian organization recipients based on need and equity. IHS began distributing vaccines and oral medication in mid-August, and all [IHS Areas](#) have received the Jynneos vaccine.





## Expanding Health Care Services



IHS celebrated the opening of a number of facilities across Indian Country, including the [Little Shell Tribal Health Clinic](#) in Great Falls, Montana, and the White Buffalo Health Center and the re-opening of the Verne E. Gibbs Health Center in the [Fort Peck Service Unit](#).

The [IHS Mid-Atlantic Service Unit](#) in Virginia opened three mobile units to offer primary services until the ongoing [Mid-Atlantic Tribal Health Clinic](#) and the Monacan Health Center projects are completed. In Oklahoma, we partnered with the Cheyenne and Arapaho Tribes to expand the [El Reno Indian Health Center](#).

In October, the IHS opened the [Sacred Oaks Healing Center](#), a youth regional treatment center in Davis, California, to provide culturally appropriate substance use disorder and behavioral health treatment to youth. And in June, the [Yukon-Kuskokwim Primary Care Center](#) opened in Bethel, Alaska, a project funding through the [IHS Joint Venture Construction Program](#).



“Increasing access to quality health care services is critical to improving the health of tribal members. Our tribal partners have been involved throughout the process of planning the Mid-Atlantic Tribal Health Clinic from the services offered to the cultural aspect of the design. We look forward to opening the new center and continuing to work with tribes in Virginia to expand on the services we provide.”

—Dr. Beverly Cotton, Director, IHS Nashville Area



## Investing in Tribal and Urban Indian Communities

**\$9 BILLION**

to support IHS, tribal, and urban Indian health programs to expand vaccinations, testing, public health surveillance and health care services throughout the pandemic.

**\$3.5 BILLION**

was received from the [Bipartisan Infrastructure Law](#) to improve tribal water and sanitation systems, including \$700 million in fiscal year 2022 funding for 475 sanitation facilities construction projects serving 71,000 American Indian and Alaska Native homes.

**\$210 MILLION**

to IHS to [support public health workforce activities](#) to bolster the capacity of tribal communities to respond to COVID-19 and future emergencies.

**\$5 MILLION**

to [address Alzheimer's disease](#) to develop models incorporating comprehensive approaches to care and service for people living with dementia.

**\$5 MILLION**

for [ending the HIV Epidemic in the U.S.](#) to support work toward eliminating HIV and hepatitis C in Indian Country.

**\$147 MILLION**

authorized for the Fiscal Year 2023 [Indian Health Service Special Diabetes Program for Indians](#).

**\$43.4 MILLION**

in tribal communities to [support behavioral and mental health programs](#) that address several issues, including substance abuse, suicide, and domestic violence prevention.

**\$1.35 MILLION**

to the National Council of Urban Indian Health for the Urban Indian Education and Research Program. Through this cooperative agreement, NCUIH will act as an education and research partner for 41 [urban Indian organizations](#) in 22 states.

**\$8.3 MILLION**

to 32 [urban Indian organizations](#) to support health promotion, disease prevention, immunizations, alcohol and substance abuse related services and mental health services.

**\$1 MILLION**

to improve [maternal and child health care](#) through innovative community based programs to increase patient access to quality care.



## Fostering Partnerships

At the Indian Health Service, our partnerships are a critical component of the work we do. In 2022, we updated our Memorandum of Understanding with the [Johns Hopkins University Center for American Indian Health](#) to focus on designing sustainable interventions by community health workers.

We strengthened our relationship with academic institutions through fellowships, residencies, and clinical rotations that attracted talented practitioners focused on generating positive change in Indigenous communities. Some examples include an agreement with [Dartmouth College](#), and in the [Great Plains Area](#), pediatric residents at [Eagle Butte Hospital](#) working under the direction of pediatricians from [Boston Children's Hospital](#) and in the California Area they are improving community capacity by teaming up with Stanford University's Center for Child Mental Health and Wellbeing to host free training for providers and educators to improve the quality of behavioral health care for Native youth.



“More than 380 Tribal Nations redefined their relationship with IHS by taking over the delivery of health care services through Self-Governance agreements. The success of Self-governance policy is undeniable, and it wouldn't be possible without collaboration and partnerships between Tribal governments and the IHS. We appreciate IHS' commitment to engage with its Tribal Self-Governance Advisory Committee and to ensure that all Tribal Nations have the option to select the best method to deliver health care services to their citizens and communities.” —*Chris Anoatubby, Lt. Governor of the Chickasaw Nation and Chair of the Tribal Self-Governance Advisory Committee*



We signed a new Memorandum of Understanding with the Veterans Health aimed at improving the health status of American Indian and Alaska Native veterans. Through this partnership, we created an operational plan to identify specific goals and performance metrics. IHS has sought input from tribes and tribal organizations through meaningful consultation and conferring with urban Indian organizations on the MOU and the operational plan. Annual tribal consultation and urban confer are essential to ensure ongoing involvement from tribal and urban Indian organization leaders across Indian Country.





## Fostering Partnerships

### Engaging With Tribal and Urban Indian Organization Leaders

In November, IHS initiated tribal consultation and urban confer to seek additional input on the final draft of the 2023-2027 IHS Office of Urban Indian Health Programs Strategic Plan and Implementation Plan to grow and expand support of UIOs to meet their communities' unique needs. Additionally, the IHS Directors Advisory Workgroup on Tribal Consultation continues its work with tribal leaders on updating the agency's Tribal Consultation Policy.

“NCUIH is honored to have worked alongside IHS this past year to promote urban Indian healthcare and move forward on fulfilling the federal government’s trust and treaty obligations to all American Indian and Alaska Native people, regardless of where they reside. By providing access to quality healthcare services that are culturally responsive and community-centered, we can help address the health disparities and inequities that have long existed in Native American communities. We look forward to working with IHS in the future to carry out their mission of fulfilling the trust responsibility to provide health care equity for all of our people.”

—*Francys Crevier (Algonquin), Chief Executive Officer,  
National Council of Urban Indian Health*

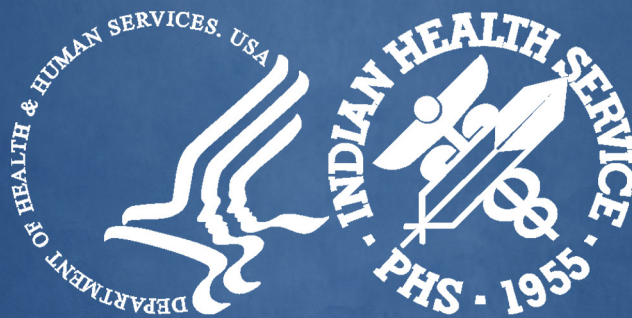


### IHS Director’s Advisory Workgroup on Tribal Consultation

In August of 2021, the IHS Director established the Advisory Workgroup on Tribal Consultation to review the current IHS Tribal Consultation Policy. Updating the 15 year old policy is a significant task. The IHS is fortunate that tribes are familiar with the current tribal consultation policy and process. The IHS Director’s Advisory Workgroup on Tribal Consultation last met in January 2023 to continue developing recommendations for IHS to consider as it revises and updates the IHS Tribal Consultation Policy. The plan is to bring the IHS Tribal Consultation Policy in alignment with HHS Tribal Consultation Policy, with the Department’s goal to have an updated HHS Tribal Consultation Policy signed in early 2023.







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